

In 2017 in the United States, almost 6,000 pedestrians were killed in traffic crashes.¹ Additionally, there were almost 142,400 hospitalizations and emergency department visits resulting from motor vehicle traffic-related pedestrian injuries.²

Factors such as speeding, inattention and impairment among drivers can be fatal for pedestrians. A combination of education, advocacy programs, policy implementation and infrastructure improvements can help to improve the safety of pedestrians in Vermont communities.³

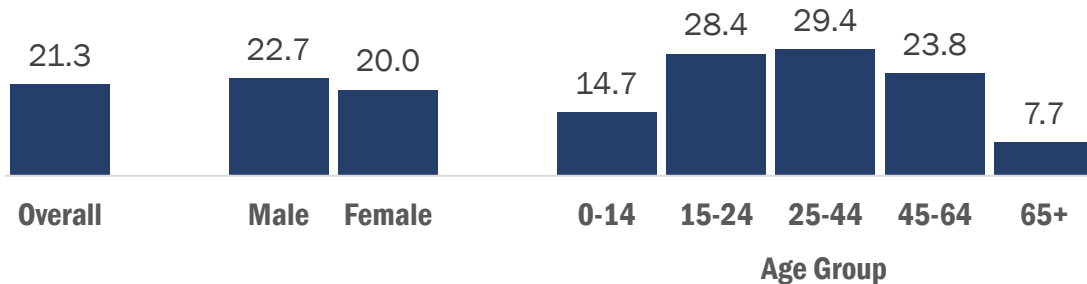
During 2017 in Vermont, there were 133 hospitalizations and emergency department visits related to pedestrian injuries involving motor vehicles.

Pedestrian Injuries Involving Motor Vehicles

In 2017 in Vermont, there were 133 hospitalizations and emergency department (ED) visits, and an additional 9 deaths⁴, resulting from pedestrians being struck by a motor vehicle. The rate of hospitalizations and ED visits increased from 17.3 per 100,000 in 2016, to 21.3 per 100,000 in 2017. However, this change was not statistically significant. In terms of severity, 10 of the 133 visits for being struck by a motor vehicle in 2017 required hospitalization.

Among both males and females, those between the ages of 15 and 64 have a significantly higher rate of hospitalizations and ED visits compared to those 65 years and older. Alcohol and/or substance use by pedestrians are found among 7% of those hospitalized for injuries involving motor vehicles in Vermont.

**Pedestrian Injuries Involving Motor Vehicles
Hospitalization/ED Visit Rates per 100,000 Vermonters, 2017**



Source: Vermont Uniform Hospital Discharge Data Set, 2017

Pedestrian Injuries

County Level Pedestrian Injuries

The rates of hospitalizations and ED visits related to pedestrian injuries involving motor vehicles vary across Vermont. Compared to the state overall, hospitalization and ED visit rates are **significantly higher** in Chittenden County (28.7 per 100,000) and **significantly lower** in Rutland (10.1 per 100,000) and Windsor (7.2 per 100,000) Counties.

Key Takeaways

Safety concerns, as well as access to facilities such as sidewalks, may contribute to the variation in pedestrian injuries among counties.⁵ In 2017, 9% of Vermont adults felt their community was not at all safe or slightly safe to walk in.

Under the Complete Streets policy, municipalities must consider the needs of all users of Vermont's roadways.⁶ Communities designed for the safety of vulnerable road users can allow for safe travel and improved health through increased physical activity levels and reduced environmental impacts.

Community members can help promote safe roadway behaviors through participation in the roadway improvement process, as well as various programs and events, such as [Safe Routes to School](#), driver education courses, community events hosted by law enforcement, and public awareness campaigns.

For more information on Road User Safety, visit: www.healthvermont.gov/RoadSafety

For questions about this data brief, contact: Kate Emmons, kate.emmons@vermont.gov

References:

¹ National Highway Traffic Safety Administration, [2017 Fatal Motor Vehicle Crashes](#).

² Centers for Disease Control and Prevention, WISQARS. Accessed Oct 2019.

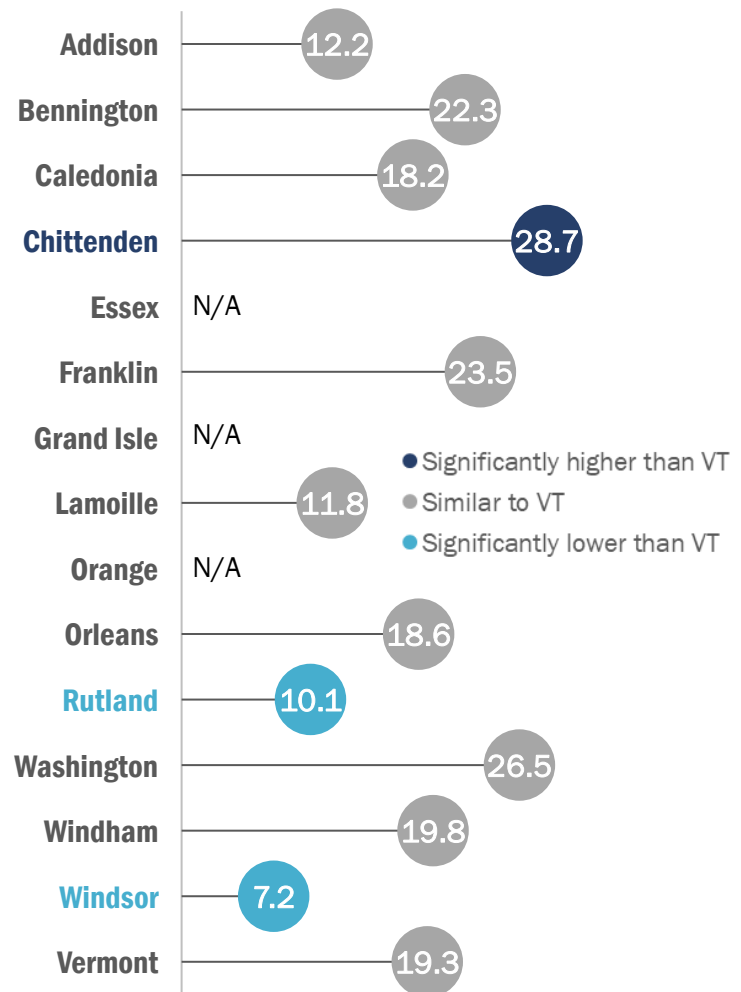
³ Vermont Highway Safety Alliance, [VT Strategic Highway Safety Plan 2017-2021](#).

⁴ Vermont Vital Statistics, 2017.

⁵ Vermont Department of Health, [Feelings of Community Safety for Walking Data Brief - 2017](#).

⁶ Vermont Department of Health, [Complete Streets: A Guide for Vermont Communities](#).

Hospitalization/ED Visit Rates by County of Residence per 100,000 Vermonters, 2016-2017



Note: Some county rates were suppressed due to small numbers.
Source: Vermont Uniform Hospital Discharge Data Set, 2016-2017